

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

447,351

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEF.			IND.		DEF.	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.		IND.	DEF.		
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49							99									
50							100									
TOTAL IND.							TOTAL IND.									
TOTAL DEF.							TOTAL DEF.									
TOTAL CLAIMS							TOTAL CLAIMS									

Best Available Copy